

Notes from the HMA Annual Meeting 2002 Scientific Session

Russell T. Stodd MD

The 146th annual meeting of the Hawaii Medical Association was held at the Orchid at Mauna Lani on the big island the week-end of October 4th to 7th. Along with the House of Delegates meeting, attendees had the benefit of a large display of exhibits from a multitude of medical companies and agencies which serve Hawaii's physicians. If there is a single message in this report it is that too many of Hawaii's physicians are missing one of the least expensive, yet superlative educational programs, an escape week-end at a gorgeous location (with special kamaaina rates), a great group of medical exhibitors, and all in conjunction with the annual HMA House of Delegates meeting. The program committee chaired by Rhoads E. Stevens MD, again did a magnificent job and deserves accolades. All I can say is **WAKE UP, HAWAII DOCS**, it is time to support your HMA and this excellent annual meeting. It is carefully crafted, and a terrific educational and social experience.

On Friday morning, our highly esteemed leader of the Department of Health, Bruce Anderson PhD, gave a comprehensive overview of steps taken to combat terrorism. He also reported on the rapid and expansive coverage of the dengue fever outbreak on Maui. This was followed with a brilliant, enthralling discussion of the history and current laws of anti-trust, especially in relation to organized medicine. Two legal experts, Stephen Foreman, JD, PhD, MPA, Director, Pennsylvania Medical Society Health Services Research Institute, and Thomas J. Campbell, JD, Dean HAAS School of Business, University of California, presented information never previously offered to Hawaii's physicians, and provided remarkable insight into how to best approach anti-trust. Tim Norbeck, EVP of the Connecticut Medical Society, went over details of their medical society law-suit against third parties which has been joined by the Hawaii Medical Association against HMSA. Altogether, an engrossing and informative morning session.

The second day was directed at primary care physicians with pure medical science. Thomas File, MD Professor of Internal Medicine at Northeastern Ohio University College of Medicine, discussed new pathogens, pneumococcus and adeno-viruses. He also presented guidelines for lab studies and care, especially hospitalizations vs. outpatient care. Patrick Joseph, MD, Clinical Professor of Medicine infectious disease, University of California at San Francisco, gave an excellent, but alarming analysis of HIV and AIDS. The prevalence of AIDS in the "developing nations" in the future appears uncontrollable. He also presented interesting data of 10 years experience with HIV, and discussed viral load and viral fitness in relation to therapy. The morning session included a careful study of how to manage the diabetic foot, offered by H. Gunner Deery, II, MD, infectious disease specialist at Northern Michigan Hospital.

The illustrations were excellent with great emphasis on weight bearing and regular examination of the feet, because so many diabetics develop lower extremity anesthesia.

The second half of the morning session was divided among three orthopedic surgeons. Thomas J. Kane, III, MD, of Queens Medical Center gave an extensive analysis of hip injuries and disorders. Sherwin S.W. Ho, MD, Clinical Professor of Surgery at the University of Chicago presented the management of shoulder problems. He pointed out that a careful history is the key to appropriate diagnosis. It was an interesting program of atraumatic and traumatic shoulder damage. Last on the orthopedic agenda was a witty and captivating discussion of knee problems presented by Allen B. Richardson MD, Professor of Orthopedic Surgery at JBSCM. The subject wasn't funny, as he went over patellofemoral pain, meniscal tears, and reapture of the anterior cruciate ligament, but the presentation was marvelous. Dr. Richardson kept the audience amused and always interested.

The last session on Sunday AM, dealt with what is happening in anesthesiology, critical care and resuscitation. Robert Bonham, MD, Director of the Emergency Department at Waianae Coast Health Center, dealt with use of the puff and pump - the newest guidelines for CPR and emergency cardiovascular resuscitation. Michael J. Murray, MD, PhD, Mayo Clinic, Jacksonville, Florida, titled his program, "Something Old, Something New, Something Borrowed, Something Blew: New Therapies in Critical Care Medicine." The old is Vasopressin (ADH) for use in septic shock. The new is treating septic shock with a dose of activated protein C (drotrecogin alfa), expensive but justified in certain cases. The something borrowed is the appropriate use of erythropoietin in treating anemia in the ICU. Something blew referred to the treatment of acute respiratory distress syndrome (ARDS) where it is now known that positive end-expiratory pressure (PEEP) does not cause an increase in survival. Moreover, some iatrogenic factors actually increased mortality due to injury to pulmonary tissue. William J. Jazzei, MD, Clinical Professor of Anesthesiology at UCSD Medical Center, San Diego, California, gave an excellent discussion of what is new in and out of the operating room. Short term, safe, general anesthesia is in order for many cases. Day surgery has become an increasing area of care.

In summary, this encapsulated discussion of the educational program is profoundly feeble in describing the excellent material offered to those who took advantage of this educational experience. In abiding optimism, I sincerely hope the value of the HMA annual meeting will become obvious to more of Hawaii's health professionals.

Until there's a cure, there's the American Diabetes Association.